No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17930

FILED JUN 7 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 4917

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Homer G. Phillips Hos.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 44 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1015 N Leonard
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr. William Pierce
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Bernice Pierce
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Feb 26 1904
(Month) (Day) (Year)

8. AGE: Years 44 Months 3 Days — If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Mr. Will Pierce
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Miss Mary Cooper
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Bernice Pierce
(b) Address 1015 N Leonard
17. (a) BURIAL (b) Date thereof 5-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation GREEN WOOD
18. (a) Signature of funeral director Bennie Lave
(b) Address 3103 Washington
19. (a) 29 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1948 hour 12 minute 35 P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism
Fracture of left Femur (Neck)
suffered when deceased slipped
on Rug and fell to the floor
in the bedroom at his home
Due to 1016 No Leonard Ave on
May 3rd 1948 at about 3.45 P.M.

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 5-3-1948
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None
(Specify type of place)
While at work? (e) Means of injury 5 above

23. Signature [signature] (M. D. or other)
Address [illegible] Date signed 5/29/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 45-75 Aldine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.